

Resolution # 18-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the County Board to approve all requests to procure goods and/or services costing \$30,000 or more; and,

WHEREAS, the Department of Auditor wishes to procure goods and/or services from Illinois Counties Risk Management Trust for the purpose of Worker's Compensation Insurance in the amount of approximately \$860,067; and

WHEREAS, this purchase will allow Illinois Counties Risk Management Trust to provide Worker's Compensation Insurance; and

WHEREAS, as documented by the approval of this resolution, Employee Services Committee has approved the Auditor Department's request to procure the items specified and the committee recommends that the County Board approve procurement of the same, and;

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of December, 2021, approves the procurement of the goods and/or services detailed above. The Elected Official/Department Head is authorized to sign required documents to execute the provision of this procurement.

\_\_\_\_\_  
Chairman, Sangamon County Board

ATTEST:

\_\_\_\_\_  
County Clerk

Approved by the Employee Services Committee December 6, 2021

**FILED**

Tom E. Kull, Chairman

DEC 07 2021

Don J. Meyer  
Attachment: Purchase Order form County Clerk

**LIVE \*\* Sangamon County \*\* LIVE**  
**Purchase Order Edit Listing**

Department	P.O. Number	Type	Vendor/Vendor Address	Description/Bill to Address
AUD.EESV Auditor,Employee Services		*Standard	150568-Illinois Counties Risk Management Trust	Workers Compensation Insurance
	<b>G/L Date:</b> 12/01/2021		Illinois Counties Risk Management Trust	Auditor
	<b>Deliver By Date:</b>		225 Smith Road	200 S Ninth St, Room 204
	<b>Expiration Date:</b>		SAINT CHARLES, IL 60174	Springfield, IL 62701
	<b>Form Type:</b> STND			
	<b>Resolution Number:</b> None			
	<b>Assigned to:</b> None			

Detail: Description	Vendor Part Number	Quantity	U/M	Amount/Unit	Total Amount																
Insurance Premium; Insurance Premium -- Workers Compensation - Workers Compensation Insurance		1.0000	EA	860,067.0000	860,067.00																
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Contract Number:</td> <td style="width: 25%;">Confirming: No</td> <td style="width: 25%;">Ordered For:</td> <td style="width: 25%;">Ship To: Auditor</td> </tr> <tr> <td>List Price Per Unit: 860,067.00</td> <td>1099 Item: No</td> <td>Ship Via:</td> <td>200 S Ninth St, Room 204</td> </tr> <tr> <td>Discount Percentage: 0%</td> <td>Taxable Item: No</td> <td>Freight Terms:</td> <td>Springfield, IL 62701</td> </tr> <tr> <td></td> <td>Create Asset: No</td> <td>Associate To Asset:</td> <td></td> </tr> </table>						Contract Number:	Confirming: No	Ordered For:	Ship To: Auditor	List Price Per Unit: 860,067.00	1099 Item: No	Ship Via:	200 S Ninth St, Room 204	Discount Percentage: 0%	Taxable Item: No	Freight Terms:	Springfield, IL 62701		Create Asset: No	Associate To Asset:	
Contract Number:	Confirming: No	Ordered For:	Ship To: Auditor																		
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Total Purchase Order Items: 1  
 Purchase Order Amount: \$860,067.00  
 Purchase Order Encumbrances: \$860,067.00

Total Purchase Orders: 1  
 Purchase Order Amount: \$860,067.00  
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